### FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C 20549

## FORM/D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering ( check if this is an amendmen Restricted Common Stock Issuances	t and name has changed, and indicate change.)		
Filing Under (Check box(es) that apply): Rule Type of Filing: New Filing Amendment	2 504 Rule 505 Rule 506 Section 4(6)	) ULOE	
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer			
Name of Issuer ( check if this is an amendment and Tarantella, Inc.	name has changed, and indicate change.)		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Inc	luding Area Code)
425 Encinal Street, Santa Cruz, CA 95060		831-427-7452	
Address of Principal Business Operations (if different from Executive Offices)  Same as above	(Number and Street, City, State, Zip Code)	Telephone Number (In Same as above.	cluding Area Code)
Brief Description of Business		D	
Secure remote access software		Ų-	UNCESSEN
	partnership, already formed other (	please specify):	HOV 1 6 2007 E
Actual or Estimated Date of Incorporation or Organizatio  Jurisdiction of Incorporation or Organization: (Enter two  CN for			FINANCIAL
GENERAL INSTRUCTIONS			
Federal:			

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File - U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been, made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION .

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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American LegalNet, Inc. www.USCourtForms.com

# A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and r	nanaging partner o	f partne	ership issuers.					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	X	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							 
Mohan, Alok								•
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	de)				
c/o Tarantella, Inc., 425 En	cinal Street, Santa	Cruz,	CA 95060					
Check Box(es) that Apply:	Promoter		Beneficial Owner	X	Executive Officer	X	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)							 14.00
Wilde, Francis E.								
Business or Residence Addre	ess (Number and	Street,	City, State, Zip Co	de)				 
c/o Tarantella, Inc., 425 En	cinal Street, Santa	Cruz,	CA 95060					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	X	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)							 
Eadie, Ninian								
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co-	de)				 
c/o Tarantella, Inc., 425 En	cinal Street, Santa	Cruz,	CA 95060					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	X	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)		,					 ······································
Lachman, Ronald								
Business or Residence Addre	ess (Number and	Street,	City, State, Zip Co-	đe)				 
c/o Tarantella, Inc., 425 En	cinal Street, Santa	Cruz,	CA-95060					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	×	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)							 
Michels, Douglas L.								
Business or Residence Addre	ess (Number and	Street,	City, State, Zip Co	de)				
c/o Tarantella, Inc., 425 En	cinal Street, Santa	Cruz,	CA 95060					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	X	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)						TO THE PERSON NAMED IN COLUMN 1	 
Williamson, Gilbert								
Business or Residence Addre	ess (Number and	Street,	City, State, Zip Co-	de)				 •
c/o Tarantella, Inc., 425 En	cinal Street, Santa	Cruz,	CA 95060					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	X	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)							 
Ryan, Bruce J.								
Business or Residence Addre	ess (Number and	Street,	City, State, Zip Co	de)				
c/o Tarantella, Inc., 425 En	cinal Street. Santa	Cruz.	CA 95060					
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	A. BASIC IDENT	IFICATION DATA		
2. Enter the information requested for the follow	ing:		-	
<ul> <li>Each promoter of the issuer, if the issuer</li> </ul>	has been organized within	the past five years;		
Each beneficial owner having the power to	vote or dispose, or direct	the vote or disposition o	f, 10% or more of a c	lass of equity securities of the issuer.
Each executive officer and director of co	rporate issuers and of corp	oorate general and mana	aging partners of par	tnership issuers; and
<ul> <li>Each general and managing partner of pa</li> </ul>	rtnership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)		A A STATE OF THE S		
Greeley, John M.				
Business or Residence Address (Number and Stre	eet, City, State, Zip Code)			
c/o Tarantella, Inc., 425 Encinal Street, Sant	a Cruz, CA 95060			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)				
Vitetta, Jr., E. Joseph				
Business or Residence Address (Number and Stre	eet, City, State, Zip Code)			
c/o Tarantella, Inc., 425 Encinal Street, Santa Cri	uz, CA 95060	<u> </u>		
Check Box(es) that Apply: Promoter	Beneficial Owner 🛚 🎘	Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)				
Quinn, Gregory T.				
Business or Residence Address (Number and Street	eet, City, State, Zip Code)			
c/o Tarantella, Inc., 425 Encinal Street, Santa Cri	uz, CA 95060			
Check Box(es) that Apply Promoter	Beneficial Owner	Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)		· · · · · · · · · · · · · · · · · · ·		
Bannerman, Stephen				
Business or Residence Address (Number and Street	eet, City, State, Zip Code)			
c/o Tarantella, Inc., 425 Encinal Street, Santa Cr	uz, CA 95060		* <u></u>	
Check Box(es) that Apply: Promoter	Beneficial Owner 💆	Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)				
Makoid, Joseph	•	•		
	eet, City, State, Zip Code)	Administration of the second s		
c/o Tarantella, Inc., 425 Encinal Street, Santa Cr	uz, CA 95060			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director [	General and/or Managing Partner
Full Name (Last name first, if individual)		, , , , , , , , , , , , , , , , , , ,		······································
Marxe, Austin W. and Greenhouse, David M.				
	eet, City, State, Zip Code)			
153 E. 53rd Street, 55th Floor, New York, NY 10	0022	•		,
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director [	General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

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1 Hansha		 1d anda			11 to	المحالة مسمط		io offonina?				Yes	No <b>X</b>
i. Has the	s issuer so	id, or does						under ULO				Ш	Z
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Z. What is	s die mini	muni mvesi	illoit ulat	will be acc	cptcd nom	ally mater	Juai:	***************************************	••••••	*****************		Yes	No
3. Does the offering permit joint ownership of a single unit?										No <b>X</b>			
										ctly or indicurities in the			
If a pe	erson to b	e listed is	an associa	ited persor	or agent	of a broke	r or dealer	registered	with the S	EC and/or v	with a state		
		e name of: , you may s							d are assoc	iated person	s of such a		
Full Name				miomati	on tor mat i	JOKEI OI U	calci omy.				<u> </u>		
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Business or	Residenc	e Address (	Number a	nd Street, (	City, State,	Zip Code)						`	
Name of As	ssociated I	Broker or D	ealer									·	
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Full Name (	Last name	e first, if inc	lividual)	•									
•													
Business or	Residence	e Address (	Number as	nd Street, C	City, State, 2	Zip Code)	,					<del> </del>	
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RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR	
Full Name (	(Last name	e first, if inc	dividual)					_					
		•											
Business or	Residence	e Address (	Number a	nd Street (	City State	Zin Code)						-	
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Name of As	ssociated I	Broker or D	ealer										
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MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ок	OR	PA	
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)
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	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregat ffering Pr		Ame	ount Already Sold
	Debt	\$		0.00	\$	0.00
	Equity	\$	142,49	8.86	<b>\$</b>	142,498.86
	Common Preferred				_	
	Convertible Securities (including warrants)	\$		0.00	\$	0.00
	Partnership Interests	\$		0.00	\$	0.00
	Other (Specify)	\$		0.00	\$	0.00
	Total			8.86	<b>\$</b>	142,498.86
	Answer also in Appendix, Column 3, if filing under ULOE.					
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or " zero."		Number Investors		Dol	Aggregate Iar Amount Purchases
	Accredited Investors	4			\$	142,498.86
	Non-accredited Investors	. <u>0</u>			\$_	0.00
	Total (for filings under Rule 504 only)	<u>0</u>			\$	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of offering	-	Type of Security		Doll	ar Amount Sold
	- Rule 505	- ····Λ·	-		. <b>c</b>	
	Regulation A					0.00
	Rule 504	_				
	Total				\$ \$	0.00
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	<u> </u>			<b>»</b>	0.00
	Transfer Agent's Fees				\$	
٠	Printing and Engraving Costs				\$	
	Legal Fees			X	\$	2,200.00
	Accounting Fees				\$	
	Engineering Fees				\$	
	Sales Commissions (specify finders' fees separately)				\$	
	Other Expenses (identify)	•••••			\$	
	Total	•••••	······································	X	\$	2,200.00

CLOPBERINGERICE NUMBEROE INVESTIORS EXPENSES AND USE OF BROCEEDS

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$ 140,298.86 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, & Payments To Affiliates Others 0.00 0.00\_ 🗆 \$\_ 0.00 0.00 □ \$ □ \$ 0.00 0.00 □ \$ 0.00 Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another 0.00 0.00 issuer pursuant to a merger) ...... □ **\$** $\square$ \$ $\square$ s 0.000.00 □ \$ Working capital ..... **X** \$ 0.00 140,298.86 □ \$ \_ 0.00 🔲 \$ Other (specify): □ \$ 0.00 □ \$ 0.00 🔲 \$ 0.00 0.00 140,298.86 **X** \$ \$ 140,298.86 D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Date Tarantella, Inc. 11,11,0 Name of Signer (Print or Type)

John M. Greeley

Title of Signer (Print or Type)

Chief Financial Officer

ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)